

THE TEXAS SCHOOL HEALTH BULLETIN

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STATE LEGISLATION TO PREVENT BLOOD BORNE PATHOGEN EXPOSURES

House Bill 2085, passed during the 1999 state legislative session, directs the Texas Department of Health (TDH) to write rules for governmental units to use in implementing protocols to protect employees from blood borne pathogen (BBP) exposure. The legislative intent is to provide government employees protection against contaminated sharps exposures similar to the protection afforded by Federal OSHA standards in private sectors. TDH rules were adopted to the Texas Health and Safety Code and went into effect in September, 2000. Governmental units must comply by January 1, 2001.

Governmental units (which include school districts) have several obligations under these rules. Districts must write an Exposure Control Plan (ECP). An essential component of the ECP is the execution of a BBP exposure risk determination for all district staff. This involves an evaluation of each employee's job description. Most district staff have a low level risk of BBP exposure. Nevertheless, all employees must receive a basic level of training that addresses the routes of BBP transmission and ways to minimize exposure via those routes. More compre-

hensive training and recommendations for Hepatitis B vaccination are indicated for those employees considered to be at high risk. Many districts are already doing this through "universal precaution" training.

In the interest of promoting employee safety and responsible public health, TDH encourages all persons with a risk of BBP exposure in their workplace to obtain the Hepatitis B vaccination and training on exposure reduction. The exact wording of the law states that this applies when exposure to blood borne pathogens is "in connection with exposure to sharps." A dialogue con-

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TDH STANCE ON NO-NIT POLICIES IN SCHOOLS

t least 6 million children contracted head lice last year in the U.S. Not surprisingly, the Texas Department of Health (TDH) receives numerous calls from parents and school staff concerned about continual outbreaks of pediculosis. Often the issue of "no-nit" policies is discussed.

A no-nit policy is one that excludes students from school based on the presence of lice eggs whether or not live lice are present. While TDH does not recommend a

no-nit policy, TDH does recognize that school districts may adopt one as a local option. TDH does not have authority to impose a set policy regarding head lice on districts. TDH does, however, urge school districts to ensure that its policy does not cause children to miss

class unnecessarily, or encourage the embarrassment and alienation of students who suffer from chronic head lice infestations.

Why doesn't TDH advocate a no-nit policy? "Pediculosis has been around since prehistoric ages," says Michelle McComb, Nurse Consultant for the TDH School Health Program, "and represents more of a social issue than a health threat. No-nit policies place a disproportionate amount of emphasis on pediculosis man-

agement rather than on more legitimate health concerns which should be of higher priority. This over-emphasis can lead to unproductive use of time by school staff and parents, missed classes, unnecessary absences, and parents missing work."

TDH is not alone in its stance against strict no-nit policies. A panel of scientists and public health professionals convened at the Harvard School of Public Health last year to discuss issues related to evidence of head lice resistance to pediculicides. The

panel published a consensus report with suggestions for treatment and prevention of head lice based on their findings. In regard to no-nit policies, the report states that "there is little evidence that exclusion from school reduces transmission of lice. No other minor medical condition

warrants school exclusion. Conversely, children with more morbid, communicable disorders (i.e. viral URI's, tinea capitis) are routinely allowed to remain in class. Therefore, confirmation of a louse infestation does not warrant exclusion, but does require treatment. The no-nit policy is not in the best interest of the child, the family, or the school."

TDH recommends that every district adapt consistent policy and protocol for

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addressing the incidence of head lice among students. These should be developed with input and support from parents, local health professionals, school nurses, staff and administrators. Ultimately, school staff and parents must work as a team to address the inevitable incidence of head lice among students. As with any persistent disease, education, empathy and patience are part of any effective, long-term treatment plan.



LETTER FROM OUR EDITOR

G reetings, fellow Texas school nurses and school health staff! I am Michelle McComb, RN, School Nurse Consultant at the Texas Department of Health (TDH). You are true heroes and I am privileged to serve you in this capacity. I started at TDH in April, 2000, with seven years of school nursing experience, the last three as Health Services/Wellness Coordinator for Hays CISD, located just south of Austin.

I am honored to follow in the footsteps of Mary Jackson, R.N., whom I am sure many of you are fortunate enough to know. Last year Mary became director of the TDH Child Wellness Division, and recently took a position as Coordinator of the TDH Youth Health Initiative. We will miss Mary, though fortunately she will just be "down the hall" and can continue to share her wealth of school health knowledge with our staff.

As TDH School Nurse Consultant, I provide technical support to school nurses and staff and parents in Texas. I also serve as coordinator of the School-Based Health Center Funding Program, Spinal Screening Program, and assist in administering the TDH School Health Advisory Committee. Time allowing, I hope to do presentations for schools on vital school health issues such as crisis management, school health advisory councils, special procedures in schools, the critical link between school health services and special education, and issues related to school nursing practice. For presentations on such topics, I encourage you to contact your regional school health specialist (see **TCSHN** on back page) so that other districts in your area can also benefit from the presentation.

This newsletter is one way for the TDH School Health Program to provide current information to Texas schools. I welcome your feedback on this premiere issue so we can determine interest level and the types of information you would like included.

I love hearing from you via email or telephone, but with over 1100 school districts in Texas, you can imagine how limited our small staff is in our ability to provide individual attention to your needs, despite our true desire to do so. In the sidebar below are additional resources for answers to your school health related questions. I encourage you to take advantage of these often untapped resources.

Exciting things are happening in school health in Texas. The **TDH School Health Advisory Committee** continues to meet and prioritize strategies for improving school health in Texas. The committee's recommendations will be presented to the TDH Board of Health for consideration. The data collected from the **School Health Staffing and Services Survey** conducted last winter has been entered and is being processed into a state-level report. I salute all of you who participated in completing this survey.

The state legislative session is now upon us. I urge you to be involved in your professional association and stay abreast of issues that could impact school health. Our program will be following legislation closely, but because we are a state agency, our position is one of "neutrality." However, I can attest that one passionate and persevering individual can make a difference by getting involved and contacting your legislator regarding issues that you care about!

Thank you for your commitment to the health of Texas children. I look forward to assisting you in providing our children with the best school health services possible.

DO YOU HAVE SCHOOL HEALTH QUESTIONS? HAVE YOU CONTACTED...

- 9 Your district health services coordinator / nurse administrator
- 9 Your school health specialist at the Education Service Center in your region
- 9 The TDH School Health website (www.tdh.state.tx.us/schoolhealth) has FAQ's, program info & links to a plethora of school health agencies & topics

STILL NEED ANSWERS?

9 Call the TDH School Health Program staff at (512) 458-7111. We will be glad to help in any way we can, or refer you to an expert on your topic:

Michelle McComb, R.N. - School Nursing / Health Services Issues x3307 Ruth E. Andersen, Ph.D. - Texas Comprehensive School Health Network x3014 Ernesto Marquez - Spinal Screening / School Health Awards x2140 Diane Montoya - School Health Advisory Council / any of the above x3032

AWARDS FOR EXCELLENCE IN TEXAS SCHOOL HEALTH

Does your school have an employee wellness program? Is there a curriculum in place to address drug and alcohol prevention? What about a project to educate students about communicable and/or preventable diseases? Perhaps your school works with outside agencies to address a particular health need in your student population? If your school is working to address the health needs of your community, you are encouraged to apply for a cash award!

15 CASH AWARDS WILL BE GIVEN TO:

9 NEW PROGRAMS \$750 - \$1000 6 ESTABLISHED PROGRAMS \$1000 - \$1500

For more information and to obtain an award application, visit the *Awards for Excellence* webpage at tdh.state.tx.us/schoolhealth, or call the *Awards for Excellence* program at (512) 458-7111, ext. 2140.

Every applicant receives a free Awards for Excellence t-shirt!



BBP Legislation (cont...)

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tinues between legislators and other interested parties regarding how this legislation is to be applied in the wide range of practice settings that are considered to be "governmental units."

TDH rules require districts to report all contaminated sharps injuries, maintain a sharps injury log, and evaluate the use of devices with engineered sharps injury protection. TDH is now required to keep a registry of devices with engineered sharps injury protection. Inclusion on this list is voluntary and a registration fee is required.

TDH has composed a minimum standard exposure control plan for public use (www. tdh.state.tx.us/ideas/report/sharps.htm). The Texas Education Agency and TDH have collaborated on training efforts targeting schools. A two-part T-star presentation in October provided training for districts. Contact your regional health specialist to obtain a video copy of those presentations. We encourage you to review the TDH School Health Program website (www.tdh.state.tx. us/schoolhealth), which has an extensive section dedicated to helping districts implement the new legislation.

SCHOOL HEALTH FAQ's

Does a student's absence because of a medical/dental visit count against the average daily attendance report if the student returns to class that same day?

Texas Education Code 25.087(b) states:

"A school district shall excuse a student for temporary absence resulting from health care professionals if that student commences classes or returns to school on the same day of the appointment. A student whose absence is excused under this subsection may not be penalized for that absence and shall be counted as if the student attended school for purposes of calculating the average daily attendance of students in the school district."

TDH immunization rules require that a student receive the fourth dose of DTP/D/TaP on or after his/her 4th birthday. What if a student's record indicates that dose was administered prior to his/her 4th birthday?

Doses of DTP/D/TaP received during the month of or the month preceding the 4th birthday meet the TDH requirements for school entrance and attendance. Doses given prior to that do not, and the child must receive another DTP/D/Tap immunization to attend school.

For answers to more school health related questions we receive on a frequent basis, visit the TDH School Health Program's FAQ page at: tdh.state.tx.us/schoolhealth

SCHOOL HEALTH ACCOLADES

colades to school nurses **Sue Smith, R.N.** and **Retta Knox, R.N.**, who were quoted in the November 2000 issue of the Pedernales Electric Co-Op Publication. The feature topic was the rural health crisis and how school health has been positively impacted by telemedicine. **State Representative Barry Telford**, Chairman of the House Select Committee on Rural Health Care, states in the article that he hopes the Legislature will help establish more tele-medicine clinics in public schools.

Our thanks to **Rich Marini**, a reporter for the San Antonio Express, for his front page research article on school nursing entitled "More Than Band-Aids; School Nurses Playing Bigger, Changing Role in Lives of Students." Mr. Marini's article was published in the 10/29/00 edition of the SAE.

Congratulations to **Marion Stoutner**, who has been selected to receive the Texas School Health Association's annual Martha Licata Award for her efforts in the field of school health. Marion is the Interim Director of the Child Wellness Division at TDH, and former coordinator of the Awards for Excellence in Texas School Health and the Texas Comprehensive School Health Network.

We will miss **Mary Jackson, R.N.**, who has taken a new position coordinating the Texas Department of Health's Youth Health Initiative. Mary has served us well as our state School Nurse Consultant, and Director of the TDH Child Wellness Division. She will be located in the same complex, but no longer working directly with the School Health Program.

School health staff do newsworthy things each day. Send us names of people deserving recognition and why so we can include them in this column. Please understand space is limited so we cannot include everyone.

MARK YOUR CALENDARS!

JANUARY

- Natl. Volunteer Blood Donor Month
- · Natl. Birth Defects Prevention Month
- Healthy Weight Week 21st 27th
- · National School Nurse Day! 26th

FEBRUARY

- American Heart Month
- · Natl. Children's Dental Health Month
- National Women's Health Day 1st
- Natl. Girls & Women in Sports Day 7th
- National Child Passenger Safety Awareness Week 11th -17th

MARCH

- · National Nutrition Month
- Workplace Eye Health & Safety Month
- Save Your Vision Week 4th 10th
- Natl. School Breakfast Week 5th 9th

APRIL

- · Alcohol Awareness Month
- Cancer Control Month
- Natl. Youth Sports Safety Month
- Kick Butts Day 4th
- · World Health Day 7th

For more 2001 health observances visit the National Health Information Center website at www.health.gov/nhic.

SUSCRIBE TO THE SCHOOL HEALTH BULLETIN!

To continue to receive this bulletin, send us the following info by fax (512/458-7350) or mail (see address on back). Future issues will be mailed only to those who subscribe.

Name / Title : ______School / District Mailing Address : _____

What types of info would be most useful to you? How often would you like to receive this type of bulletin? Please contact us with your comments & suggestions!

SEND US YOUR ARTWORK, COMICS, WRITING, OR ANY OTHER CONTRIBUTIONS (OR THOSE OF YOUR STUDENTS) AND WE WILL INCLUDE AS MANY AS WE CAN IN FUTURE ISSUES!

Which of the following amounts to approximately 1500 ml...?

- A. The number of liters of water vapor lost from a major burn wound in a 12 hour period.
- B. The amount of saliva produced in a 24 hour period.
- C. The volume of blood that passes through the liver each minute.

ANSWER ON BOTTOM OF BACK PAGE

THE TEXAS SCHOOL HEALTH BULLETIN



Texas Department of Health Bureau of Children's Health School Health Program 1100 West 49th Street Austin, TX 78756 Phone (512) 458-7700 PRSRT STD U.S. POSTAGE PAID AUSTIN, TX PERMIT NO. 28

The TEXAS COMPREHENSIVE SCHOOL HEALTH NETWORK: A Motto and a Mission

The motto of the Texas Comprehensive School Health Network is "Healthy Children Are Prepared to Learn." From this motto springs the Network's mission: to promote healthy school environments and healthy behaviors of all students and school personnel. Healthier students tend to do better in school and throughout their lives. Good health for students means attendance rates are higher, dropout rates are lower, and academic performance is enhanced. Healthy students learn better, feel better, and attain a higher degree of their unique, individual potential for happiness and success.

Working with the Network can make a significant difference for your school. The Network collaborates with school districts to provide comprehensive school health programming by uniting the skills, resources, and commitment of the entire school community. The aim of comprehensive school health is to establish a system of home, school, and community support which assures that all students have a planned, sequential program of study; appropriate health services; and a nurturing environment.

The Network is made up of 20 Regional School Health Specialists who provide information about health to school districts. The Specialist in your area

can assist with:

- community resources for health education and services
- health-related workshops and in-service training
- up-to-date health and safety curriculum materials, including curricula from the American Heart Association and American Cancer Society
- tobacco education, policies, and smoking cessation programs
- vision/hearing/spinal screening training
- HIV/AIDS awareness
- ALL WELL Annual Health Promotion Conference
- school health advisory councils
- wellness promotion programs for school staff
- universal precautions for disease prevention
- professional organizations for school health
- coordination of parent/community health efforts
- opportunities to network

The Network is funded jointly by the Texas Department of Health and the Texas Cancer Council. For more information, please contact:

Ruth E. Andersen, Ph.D. School Health Program Administrator Texas Department of Health (512) 458-7111 xt. 3014 fax: (512) 458-7256 ruth.andersen@tdh.state.tx.us

WHO IS MY SCHOOL HEALTH SPECIALIST?

Check the TDH School Health Program website for a list of specialists by regional education service center at: www.tdh.state.tx.us/schoolhealth.